EVIDENCE FOR CHANGE OF AGE SHOWN ON:

0422

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 118 JAN 26 1949

422.1
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 Months

Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital

How long in hospital or institution? One Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. Bayly Road
(If rural, give LOCATION)

2.(a) If veteran, name war - - - -

3. (a) FULL NAME JOHN W. BRAMBLE

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Ellen Finn

6.(c) If alive, give age 89 years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1861

8. AGE:	Years	Months	Days	If less than one day
87	~~88~~	~~5~~ 4	17	..... hrs. ..... min.

9. Birthplace Lakesville, Dor. Co., Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Zackriah Bramble
13. Birthplace Maryland

MOTHER
14. Maiden name Bridget 'Bramble'
15. Birthplace Maryland

16. Informant Mr. Jesse E. Bramble
Address Cambridge, Maryland

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Jan. 8, 1949
(month) (day) (year)

Cemetery or crematory Sandy Island Cemetery

Location Robbins, Dor. Co., Maryland

18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland

19. Jan. 12, 1949
(Date rec'd by registrar)
John Mace, Jr. M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6, 1949, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1945, to Jan 6 1949, and that I last saw him alive on Jan 6 1949

Immediate cause of death Bronchopneumonia — DURATION 3 days

Due to Cardio vascular disease

Due to Arteriosclerosis.

Other conditions Bilateral Inguinal hernias.
(Include pregnancy within 3 months of death)

Major findings of operations .....
Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Albert E. Bunker M.D.
M. D. or other

Address 9 Race St., Cambridge Date signed 1-7-49.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

I

RECEIVED
JAN 14 1949
BUREAU V. S.

EVIDENCE FOR CORRECTION OF AGE & BIRTH DATE SHOWN ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0423

FILM No. G 118 JAN 26 1949

170/50

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County: Dorchester

City or town: Near Hurlock (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Near Hurlock (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Myrtle May Camper.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): May 5 10 ~~19~~ 1898

8. AGE: 50 Years ~~49~~ Months 8 Days If less than one day ... hrs. ... min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation: House work

11. Industry or business

FATHER: 12. Name: James Strawberry

13. Birthplace: Md

MOTHER: 14. Maiden name: Mary Fannie Johnson

15. Birthplace: Md

16. Informant: Edward Camper.

Address: Hurlock

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 15 1949 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Hurlock

18. Funeral director: F. B. Willoughby

Address: East New Market

19. January 15 1949 (Date rec'd by registrar) Chas. H. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 12 1949, at 10:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 7 1948, to Jan 12 1949 and that I last saw her alive on January 7 1949

Immediate cause of death: Cancer right breast (adenocarcinoma) — DURATION: 18 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Albert E. Bunker. M. D. or other

Address: Cambridge Md Date signed: 1-13-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 18 1949
BUREAU V. S.

0424

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

153
462

Reg. Diat. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Vienna R 3 D
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? entire life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Vienna R 3 D
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Wm. C. Davenport

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Carrie Hughes
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): June 6, 1872

8. AGE: Years: 76 | Months: 6 | Days: 29 | If less than one day: hrs. min.

9. Birthplace: Dor County (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:

FATHER
12. Name: Joseph M. Davenport
13. Birthplace: Dor Co.

MOTHER
14. Maiden name: Lavinia Hurley
15. Birthplace: Dor Co.

16. Informant: Mrs Carrie Davenport
Address: Vienna R 2 D Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-7-'49 (month) (day) (year)
Cemetery or ~~crematory~~: Dorchester Memorial Park
Location: Cambridge, Md.

18. Funeral director: Kenneth R. Thomas
Address: Cambridge, Md

19. Jan 7, 1949 (Date rec'd by registrar) John Mace Jr M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 5 1949, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 14, 1947, to Jan 5 1949 and that I last saw h... alive on Dec. 29, 1948

Immediate cause of death	DURATION
Inanition	7 days
Due to: carcinoma of colon	1 yr.
Due to:	
Other conditions: Arteriosclerotic Heart Disease	Unknown

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Lawrence Mangano M. D. or other
Address: 736 Race St., Cambridge, Md. Date signed 1/5/49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 10 1949
BUREAU V. S.

0425

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

421.4
92d

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural — LENGTH OF STAY (in this place) 25 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eldorado	STREET ADDRESS (If rural, give location) Eldorado

3. NAME OF DECEASED (Type or Print)	(First) Hattie	(Middle) M.	(Last) Disharoon	4. DATE OF DEATH	(Month) January	(Day) 18	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH August 5, 1877	9. AGE last birthday 71 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Chance, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Archie Jones	14. MOTHER'S MAIDEN NAME Mary Willing						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Lola A. Hall					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	1 hr
Antecedent cause(s)	(b) Hypertension	2 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Valvular Disease Heart	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 1945, to Jan 18, 1949, that I last saw the deceased alive on Jan 19, 1949, and that death occurred at 2:40 A.m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.S. Kuhlman	M.D.	Sharptown	[illegible]

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	January 20, 1949	Chance Cemetery	Chance, Maryland	1/18/49

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
January 20-49	Chas W Hastings	J. J. Frampton and Son, Federalsburg, Maryland	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

929.9 183

0426

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: East New Market, RFD
LENGTH OF STAY (in this place): 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Marylander — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: East New Market
STREET ADDRESS (If rural give location): RFD # 1

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Graves (Last)

4. DATE OF DEATH: (Month) January (Day) 27, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Dont know

8. DATE OF BIRTH: Abt. 1910 (Dont know)

9. AGE last birthday: About 39 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning house

11. BIRTHPLACE (State or foreign country): Dont know

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: I.D. Singletary, East New Market, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental drowning.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Was found lying face down in ditch filled with water.)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Ditch — (CITY OR TOWN): East New Market — (COUNTY): Dor. — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 27 1949 P m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Accidental drowning.

22. I hereby certify that I attended the deceased from Not at all, 19..., to..., 19..., that I last saw the deceased alive on Not at all, 19..., and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John Mace Jr. M.D. — ADDRESS: Deputy Medical Examiner, Cambridge, Md. — DATE SIGNED: 1-29-49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: Jan 29 1949 — NAME OF CEMETERY OR CREMATORY: Waugh Cemetery — LOCATION (City, town, or county): Cambridge — (State): Md

DATE REC'D BY LOCAL REG.: Jan 31, 1949 — REGISTRAR'S SIGNATURE: John Mace Jr. M.D. per

24. FUNERAL DIRECTOR — ADDRESS: Herbert M. St. Clair, Jr. Cambridge, Maryland

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

754.3
1572

0427

CERTIFICATE OF DEATH

Reg. Diat. No. .....

1. PLACE OF DEATH:

County DORCHESTER

City or town FEDERALSBURG RURAL
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, institution, or street address where death occurred:
FEDERALSBURG RURAL

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MARYLAND County DORCHESTER

City or town RURAL - FEDERALSBURG
(If outside city or town limits, write RURAL and give nearest town)

Street No. (RURAL) FEDERALSBURG - NEAR RELIANCE DELAWARE
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME JOHN DAVID HIGGINS

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	SINGLE

6.(b) Name of husband or wife — 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) JANUARY 2, 1949

8. AGE: Years	Months	Days	If less than one day
—	—	—	— hrs. 25 min.

9. Birthplace FEDERALSBURG DORCHESTER, MD.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name JOHN QUINCY HIGGINS

13. Birthplace SPARTA N. CAROLINA

MOTHER 14. Maiden name ZOLLIE EMMA BILLINGS

15. Birthplace CHERRY LANE, N. CAROLINA

16. Informant JOHN QUINCY HIGGINS

Address R.F.D - SEAFORD, DELAWARE

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof JAN 4 1949 (month) (day) (year)

Cemetery or crematory BLADES CEMETERY

Location BLADES, DELAWARE

18. Funeral director Meaford L. Watson Jr.

Address SEAFORD DELAWARE

19. 1/6 1949 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 2 - 1949 at 10 45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 - 2 - 1949 to 1 - 2 - 1949 and that I last saw him alive on 1 - 2 - 1949

Immediate cause of death	DURATION
FAILURE OF CLOSURE OF FORAMEN OVALE	25 MIN.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Bruce Barnes M.D. M. D. or other

Address SEAFORD, DEL. Date signed 1/2/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JAN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

331 83a

0428

Reg. Dist. No. 1-6

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elliotts
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elliotts

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elliotts
STREET ADDRESS (If rural give location) Elliotts

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) RHODA DAYTON HUGHES

4. DATE OF DEATH (Month) (Day) (Year) January 23 1949

5. SEX Feamle

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH 8/11/1886

9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kiod of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreigo couotry) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Severn Dayton

14. MOTHER'S MAIDEN NAME Rhoda Ewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mr. Kenneth Hughes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: THREE HOURS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension.

(c) ARTERIOSCLEROSIS (GENERALIZED)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. BRONCHIECTASIS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from 1/22, 1949, to 1/23, 1949, that I last saw the deceased alive on 1/23, 1949, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE W. J. Hughes (Degree or title) ADDRESS Cambridge, Maryland DATE SIGNED 1-25-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 1/24/1949

NAME OF CEMETERY OR CREMATORY Elliotts Cemetery

LOCATION (City, town, or couoty) (State) Elliots, Dor. Co., Md.

DATE REC'D BY LOCAL REG. Jan. 26, 1949

REGISTRAR'S SIGNATURE John Mace J. Mar

24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1949
BUREAU V. S.

0429

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

442
932

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: DORCHESTER — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CAMBRIDGE
LENGTH OF STAY (in this place): 43 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 103 WILLIS ST.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: DORCHESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CAMBRIDGE
STREET ADDRESS (If rural give location): 103 WILLIS ST.

3. NAME OF DECEASED (Type or Print): (First) WESLEY (Middle) P. (Last) INSLEY

4. DATE OF DEATH: (Month) JAN. (Day) 31 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: —

9. AGE last birthday: approx 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATCHMAN

10b. KIND OF BUSINESS OR INDUSTRY: FOOD PKG.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: NOT KNOWN

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-10-0742

17. INFORMANT: MRS. CHARLES BARNES

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive CVRD. — ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emaciation - severe — ?

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Feb 1, 1949, that I last saw the deceased alive on Jan 5, 1949, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. Thompson, M.D. — ADDRESS: Cambridge, Md — DATE SIGNED: Feb. 1, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: FEB. 2, 1949 — NAME OF CEMETERY OR CREMATORY: DORCHESTER MEMORIAL PK. — LOCATION (City, town, or county) (State): CAMBRIDGE, MARYLAND

DATE REC'D BY LOCAL REG.: Feb. 3, 1949 — REGISTRAR'S SIGNATURE: John Mace, J. MD

24. FUNERAL DIRECTOR — ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland.

VS. A15

DR. I. W. THOMPSON (?)

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FEB 7 1949
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File No. G 118 JAN 15 1949 Evidence of change of age shown on:

STATE OF MARYLAND—CERTIFICATE OF DEATH

0430

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. 41 Fairmount Ave St., 2nd Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME SARAH BOND JOHNSON

(a) Residence: No. 41 Fairmount Ave St., 2nd Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Negro	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ollie Johnson

6. DATE OF BIRTH (month, day, and year) January 1, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 ~~68~~	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home

10. Date deceased last worked at this occupation (month and year) 1939 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cordtown, Dor. Co. Md.

FATHER

13. NAME Jerry Pinder

14. BIRTHPLACE (city or town) (State or country) Aireys, Dor. Co. Md.

MOTHER

15. MAIDEN NAME Sylvesta Brooks

16. BIRTHPLACE (city or town) (State or country) Cordtown, Dor. Co. Md.

17. INFORMANT Charles Dutton

(Address) Cambridge, Maryland

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Cambridge, Md. Date Jan. 9, 1949

19. UNDERTAKER Herbert M. St. Clair, Jr.

(Address) Cambridge, Maryland

20. FILED Jan. 10, 1949 John Mace Jr. M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 6th (Day), 1949 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May, 1948, to, 19; I last saw her alive on In May, 1948; and death is said to have occurred on the date stated above, at 3:00A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Paralysis of Right side.	
This is the last time	
I saw her. No recent knowledge	

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury No

Nature of Injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Cambridge Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0431

420.1
42a

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phillips St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) Phillips St. Ext.

3. NAME OF DECEASED (Type or Print): (First) Gertie (Middle) (Last) Morgan

4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Unknown 1893

9. AGE last birthday: 56 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mary Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Ozee Morgan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 10 Min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Not at all, 19..., to ..., 19..., that I last saw the deceased alive on Not at all, 19..., and that death occurred at 3.30A.m., from the causes and on the date stated above.

SIGNATURE John Morse Jr. M.D. (Degree or title) ADDRESS Cambridge, Md. DATE SIGNED 1/20/49

Deputy Medical Examiner, Dorchester Co.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1-23-49 — NAME OF CEMETERY OR CREMATORY: Christ Rock Cemetery — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG. Jan. 22, 1949 — REGISTRAR'S SIGNATURE John Morse, Jr. M.D.

24. FUNERAL DIRECTOR — ADDRESS: Lewis H. Bayneum, Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 4211 / 92a

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-East New Mkt.
LENGTH OF STAY (In this place): 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home-Green Point

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: New Jersey — COUNTY: Bergen
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairlawn
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last): LAVINA MERCER NEVILLE

4. DATE OF DEATH: (Month) (Day) (Year): January 25, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify): Married

8. DATE OF BIRTH: 2/2/1886

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Patterson, New Jersey

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hector S. Mercer

14. MOTHER'S MAIDEN NAME: Margaret Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. William P. Neville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiovascular Congestive Failure — 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic Regurgitation — 51 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐: none

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office hldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐: —

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from Dec 1, 1948, to Jan 25th, 1949, that I last saw the deceased alive on Jan 24, 1949, and that death occurred at 9 15 a.m., from the causes and on the date stated above.

SIGNATURE: Hugh Brown M.D. — (Degree or title) — ADDRESS: Cambridge — DATE SIGNED: 1/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1/28/1949 — NAME OF CEMETERY OR CREMATORY: Holy Sepulcher Cem. — LOCATION (City, town, or county) (State): Patterson, New Jersey

DATE REC'D BY LOCAL REG.: Jan. 26, 1949 — REGISTRAR'S SIGNATURE: John Mace Jr. M.D.

24. FUNERAL DIRECTOR — ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland.

VS. A15

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) 50 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 Mill Street	STREET ADDRESS (If rural, give location) 202 Mill Street

3. NAME OF DECEASED (Type or Print) (First) COL. (Middle) ALBANUS (Last) PHILLIPS				4. DATE OF DEATH (Month) January (Day) 17 (Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/31/1871	9. AGE last birthday 77 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Director	10b. KIND OF BUSINESS OR INDUSTRY Food Pkg.	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME George W. Phillips		14. MOTHER'S MAIDEN NAME Mary Elizabeth Leonard				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. none		17. INFORMANT Mr. Albanus Phillips, Jr.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	15 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) aplastic anemia 1½ years, Inanition	3 mo.
	(c) Carcinoma of pyloris	2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	3 years

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 9, 1947, to Jan 17, 1949, that I last saw the deceased alive on Jan 17, 1949, and that death occurred at 4:38 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eldridge H. Wolfgang		Cambridge, Md	Jan 18, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/19/1949	Christ Church Cem.	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 21, 1949	John Mace, Jr. M.D.	LeCompte's Funeral Service	Cambridge, Maryland.

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JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0434

CERTIFICATE OF DEATH

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Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mill Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural give location): Mill Street

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) Lewis (Last) Phillips

4. DATE OF DEATH: (Month) Jan (Day) 30 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 5/6/1879

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Homemaker

11. BIRTHPLACE (State or foreign country): Dorchester Co.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Major O. Lewis

14. MOTHER'S MAIDEN NAME: Amanda Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: none

17. INFORMANT: Albanus Phillips Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis (Left)	2 3/4 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rupture of uterus and peritonitis	18 3/4 hours
	(c) Round cell sarcoma of uterus	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: February 1946 (Dec)

19b. MAJOR FINDINGS OF OPERATION: Round cell sarcoma of uterus

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 22 19 47, to Jan. 30, 19 49, that I last saw the deceased alive on Jan. 30, 19 49, and that death occurred at 3:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Eldridge K. Joffe MD — Cambridge Md. — Jan 31st 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/1/1949 — NAME OF CEMETERY OR CREMATORY: Christ Church Cemetery — LOCATION (City, town, or county) (State): Cambridge Md.

DATE REC'D BY LOCAL REG.: Feb 2. 1949 — REGISTRAR'S SIGNATURE: John Mace, Jr. MD

24. FUNERAL DIRECTOR: Kenneth L. Thomas — ADDRESS: Cambridge

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0435

CERTIFICATE OF DEATH

764.0

1192 Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linkwood
LENGTH OF STAY (In this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linkwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thaddeus (Middle) Ludwig (Last) Pinder

4. DATE OF DEATH: (Month) 1-17-49 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) - -

8. DATE OF BIRTH: 1-5-49

9. AGE last birthday: yrs. If under 1 year: Months. Days 12 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Linkwood, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Monroe Pinder

14. MOTHER'S MAIDEN NAME: Louise Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - - (If year, give war or dates of service)

16. SOCIAL SECURITY NO. - -

17. INFORMANT: Monroe Pinder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Toxemia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute gestro-enteritis — Interval Between Onset and Death: 1 day

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on arrival., 19..., to ..., 19..., that I last saw the deceased alive on Not at all, 19..., and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE John Mace Jr. (Degree or title) Deputy Medical Examiner, ADDRESS Cambridge, Maryland DATE SIGNED (1-18-49)

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 1/18/49 | NAME OF CEMETERY OR CREMATORY Family lot | LOCATION (City, town, or county) Linkwwod, Md. (State)

DATE REC'D BY LOCAL REG. 1-18-49 | REGISTRAR'S SIGNATURE John Mace, Jr. M.D.

24. FUNERAL DIRECTOR Monroe Pinder ADDRESS Linkwwod, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 20 1949
BUREAU V. S.

0436

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1

CERTIFICATE OF DEATH

94a Reg. Dist. No. 110

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg
LENGTH OF STAY (In this place) full life
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg
STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print) (First) Nettie (Middle) C. (Last) Quillen

4. DATE OF DEATH (Month) Jan. (Day) I5, (Year) I949 19

5. SEX Fem.

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Sept. 6, I880

9. AGE last birthday 68 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John W. Wright

14. MOTHER'S MAIDEN NAME Lovet Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Clayland Quillen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arteriosclerosis	1yr +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No X

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Williamsburg (CITY OR TOWN) Dorch. (COUNTY) Md. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/13, 1949, to 1/15, 1949, that I last saw the deceased alive on 1/15, 1949, and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE W C Harrison (Degree or title) MD ADDRESS Hurlock, Md. DATE SIGNED 1/17/49

23. BURIAL, CREMATION REMOVAL (Specify) burial DATE I/I7/49 NAME OF CEMETERY OR CREMATORY Hillcrest Cem. LOCATION (City, town, or county) Federalsburg, Md. (State)

DATE REC'D BY LOCAL REG. Jan 17-1949 REGISTRAR'S SIGNATURE Chas W Hastings

24. FUNERAL DIRECTOR Adams & Williamson ADDRESS Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 25 1949
BUREAU V. S.

0437

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1
94a

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? All Life

Hospital, institution, or street address where death occurred: 11 Pine Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 11 Pine Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Cathleen Cornish Reeves

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Widowed

6.(b) Name of husband or wife: George Reeves

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 5 1907

8. AGE: Years 41 Months 5 Days 21 If less than one day ..... hrs. ..... min.

9. Birthplace: Cambridge Dor. Co. Md.
(Town, county, and state)

10. Usual occupation: Beautician

11. Industry or business: Beauty Salon

FATHER
12. Name: Lawrence Cornish
13. Birthplace: Cambridge Dor. Co. Md

MOTHER
14. Maiden name: Bertha B. Travers
15. Birthplace: Cambridge Dor. Co. Md

16. Informant: Russell Cornish
Address: Cambridge, Dor. Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 30 1949 (month) (day) (year)

Cemetery or crematory: Waugh Cemetery

Location: Cambridge Dor. Co. Md.

18. Funeral director: Herbert M. St. Clair Jr.
Address: Cambridge, Maryland

19. Jan 31 1949 (Date rec'd by registrar) John Mace Jr. M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 26 1949 at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8 1948 to Jan 26 1949 and that I last saw her alive on Jan 26 1949

Immediate cause of death: Coronary Sclerosis — DURATION about 3 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: J. Edwin Fassett M. D. or other

Address: 20 Muir Cambridge, Md. Date signed 1-29-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

334 97 0438

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 mo. 10 das.

Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital

How long in hospital or institution? 1 mo. 10 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Wittman
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Irene Sewell

3.(b) Social Security Number: -----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 25, 1872

8. AGE: Years	Months	Days	If less than one day
76	2	12	..... hrs. ..... min.

9. Birthplace: Wittman, Maryland (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business

FATHER — 12. Name: Robert Francis Sewell

13. Birthplace: Unknown

MOTHER — 14. Maiden name: Emily (maiden name unknown)

15. Birthplace: Unknown

16. Informant: Eastern Shore State Hospital Records

Address: Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1, 5, 1949 (month) (day) (year)

Cemetery or crematory: [illegible] Md.

Location: Olivet Cemetery

18. Funeral director: Norman W Mauldin

Address: St Michaels, Md.

19. Jan. 7, 1949 (Date rec'd by registrar) John Mace Jr M Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 6, 1949 at 4:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 27, 1948 to January 6, 1949 and that I last saw her alive on January 6, 1949

Immediate cause of death	DURATION
General and Cerebral Arterio-sclerosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Cambridge md Date signed: 1-7-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 10 1949
BUREAU V. S.

0439

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

331/83a

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 mos. 13 das.

Hospital, institution, or street address where death occurred: Eastern Shore State Hospital

How long in hospital or institution? 2 mos. 13 das.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Easton (If outside city or town limits, write RURAL and give nearest town)

Street No. 222 South Aurora Street (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Nellie D. Spies

3. (b) Social Security Number: 21-603-7536

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Alfred H. Spies

6.(c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): August 10, 1875

8. AGE:

Years	Months	Days	If less than one day
73	4	24	..... hrs. ..... min.

9. Birthplace: Cumberland, Iowa (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Fowler Lorenzo Chester
13. Birthplace: New Jersey

MOTHER
14. Maiden name: Estella Rilyard
15. Birthplace: New Jersey

16. Informant: Eastern Shore State Hospital Records

Address: Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1-6-49 (month) (day) (year)

Cemetery or crematory: Spring Hill Cemetery

Location: Easton Md.

18. Funeral director: Earl W. Stafford

Address: Easton Md.

19. 1/4 (Date rec'd by registrar) 1949 N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 3 1949, at 12:55 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 21 1948, to January 3 1949 and that I last saw her alive on January 3, 1949

Immediate cause of death	DURATION
Cerebral hemorrhage	1 week
Due to Arteriosclerosis with hypertension	Possibly 2 yrs.
Due to	
Other conditions Senile Psychosis, Simple Deterioration (Include pregnancy within 3 months of death)	Possibly 2 yrs.

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Robert Bertrand May, M.D. M.D. or other

Address: Cambridge, Md. Date signed .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

EVIDENCE FOR CHANGE OF AGE SHOWN ON:

FILM No. G 118 JAN 24 1949

CERTIFICATE OF DEATH

444 / 97

0440

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND Rural Cambridge

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cambridge

LENGTH OF STAY (in this place) 10days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worchester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D.#2 BERLIN RURAL

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last) THORNTON

4. DATE OF DEATH (Month) 1 (Day) 14th (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH July 3rd 1863

9. AGE last birthday 85 ~~86~~ yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Thornton

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 218-24-3961

17. INFORMANT records of Eastern Shore State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerosis, generalized and advanced	3 months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	3 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 4 1949, to Jan. 14, 1949, that I last saw the deceased alive on Jan. 14, 1949, and that death occurred at 11.55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert Bertrand May, MD. Cambridge, Maryland Jan. 15, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 1-17-49

NAME OF CEMETERY OR CREMATORY ~~Cambridge~~ Methodist Cemetery

LOCATION (City, town, or county) ~~Berlin~~ Snowhill Worchester (State) MD

DATE REC'D BY LOCAL REG. Jan. 17, 1949

REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR Anna A Burbage Berlin MD

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1949
BUREAU V. S.